

Please type a plus sign (+) inside this box →



1655

Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office. U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/550,303	RECEIVED JUN 24 2002 TECH CENTER 1600/2900	
	Filing Date	April 14, 2000		
	First Named Inventor	HAAB, BRIAN		
	Group Art Unit	1655		
	Examiner Name	FORMAN, BETTY J.		
Total Number of Pages in This Submission		20	Attorney Docket Number	STAN-128

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Reference Document 2. Return Receipt Postcard
Remarks _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual Name	JAMES S. KEDDIE, Reg. No. 48,920	COPY OF PAPERS ORIGINALLY FILED
Signature	<i>James S. Keddie</i>	
Date	June 11, 2002	

CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: June 11, 2002.		
Typed or printed name	Susan M. Alessi	
Signature	<i>Susan M. Alessi</i>	Date June 11, 2002

Burden Hour Statement: This form is estimated to take .2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$)**992.00**

Complete If Known

Application Number **09/550,303**

Filing Date **April 14, 2000**

First Named Inventor **HAAB, BRIAN**

Examiner Name **FORMAN, BETTY J.**

Group Art Unit **1655**

Attorney Docket No. **STAN-128**

RECEIVED

JUN 24 2002

TECH CENTER 1600/2900

METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit overpayments to:
- Deposit Account Number **50-0815**
Deposit Account Name **Bozicevic, Field & Francis LLP**
- ☒ Charge Any Additional Fee Required
Under 37 CFR 1.17 and 1.17
☐ Applicant Claims small entity status.
See 37 CFR 1.27

2. ☐ Payment Enclosed:

☐ Check ☐ Credit Card ☐ Money Order ☐ Other

FEE CALCULATION

2. BASIC FILING FEE

Large Fee Code (\$)	Entity Code	Small Fee Code (\$)	Entity Code	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	

SUBTOTAL (1)

1. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
34	(30)	previously paid - 20** = 4 x 18.00 = 72.00	
Indep. Claims - 23**	=	x	=
Multiple Dependent	=	=	=

Large Fee Code (\$)	Entity Code	Small Fee Code (\$)	Entity Code	Fee Description
103	16	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$ 72.00

*or number previously paid, if greater; For Reissues, see above.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Fee Code (\$)	Entity Code	Small Fee Code (\$)	Entity Code	Fee Description	Fee Paid
105	130	205	85	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for <i>ex parte</i> reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examination action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examination action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	920.00
118	1,440	218	720	Extension for reply within fourth month	
128	1,980	228	990	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(a)	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	740	246	370	For each additional invention to be examined (37 CFR § 1.126(a))	
149	740	249	370	For each additional invention to be examined (37 CFR § 1.128(b))	
179	740	279	370	Request for Continued Examination (RCE)	
189	900	189	900	Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)**920.00**

SUBMITTED BY

Name (Print/Type)	James S. Keddle	Registration No. (Attorney/Agent)	45,820	Telephone	(650) 327-3400
Signature	<i>James S. Keddle</i>	Date	06/11/2002		

Complete (if applicable)

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.